Enrollment Form for The State of California





Need to update your contact information?		
Please check your contact information above and note changes here:		
•	e-mail address and phone number? e-mail address and phone number to receive an	
enrollment confirmati	•	
E-mail Address		
Phone #		
Your VSP Coverage	ge	
Choose one:		
O Member Only O Member + One	○ Member + Family	

Open Enrollment Dates

September 13 – October 8, 2010 Coverage begins January 1, 2011.

Enrolling in VSP is easy.

Choose one of these options:

- 1. Online: Visit vsp.com/go/stateofca.
- 2. Phone: Call VSP at 800.877.7195.
- 3. Mail: Complete and mail this enrollment form.

Contact us. vsp.com | 800.877.7195

	Monthly
Member Only	\$7.53
Member + One	\$14.62
Member + Family	\$15.73

Family Member Name (Only list dependents if you did not select "Member Only.")	Date of Birth (Month/Day/Year)	Gender (Male/Female)	Relationship to Enrollee (Spouse/Domestic Partner, Student, Child, etc.)

Please read before signing. By accepting the enrollment terms, I agree that all information is true and accurate. I understand that I am enrolling in this voluntary plan for a twelve (12) month period, unless there is an approved qualifying event. I understand my VSP plan will automatically renew unless I specifically elect not to renew. I authorize VSP to deduct my premiums from my payroll/pension check, and uncollected premiums for two consecutive months will result in the termination of my plan.

Member Signature_	Date
_	



Open Enrollment Dates

September 13 – October 8, 2010 Coverage begins January 1, 2011.

Sign up for VSP and get the personalized eyecare you deserve. Without eyecare coverage, just one office visit for one person can cost \$300 or more.

Enrolling in VSP is a snap.

Choose one of these convenient options:

- 1. Online: Visit VSP at vsp.com/go/stateofca and complete the online enrollment form.
- 2. Phone: Call VSP at 800.877.7195 and speak with a member services representative, Monday Friday, 5:00 a.m. 7:00 p.m. Pacific Time.
- **3. Mail:** Complete and mail the enclosed VSP Enrollment Form in the enclosed envelope.

Paying for your vision benefit is simple.

- 1. The cost will be deducted monthly from your State retirement warrant.
- If your retirement warrant does not support automatic deduction, VSP will bill you monthly starting in January 2011.

Choose the coverage that's best for you.

	Monthly
Member Only	\$7.53
Member + One	\$14.62
Member + Family	\$15.73





Value and Savings

VSP benefits are affordable and offer great savings. See how much you can save with VSP:

	Without VSP*	With VSP
Eye Exam	\$134	\$10
Frame	\$75	*0 5
Single-vision Lenses	\$83	\$25
Anti-reflective Coating	\$106	\$106
Transitions® Lenses	\$98	\$0
Member-only Annual Contribution	N/A	\$106
Total	\$496	\$247

*Comparison based on national averages for comprehensive eye exams and most commonly purchased brands Average
Annual Savings
\$249

with a VSP
Doctor

New for 2011!

For 2011, dependent children may be covered up to age 26.



Your VSP Vision Benefits Summary

Why enroll in a VSP plan? We'll help keep you and your eyes healthy. Plus, you'll get a great value on your eyecare and eyewear.

You'll like what you see with VSP.

Value and Savings. You'll get great benefits on your exam and eyewear at an affordable price.

Personalized Care. You'll get quality care that focuses on your eyes and overall wellness with a WellVision Exam® from a VSP doctor. They'll look for vision problems and signs of other health conditions.

When you see a VSP doctor, you'll get the most out of your benefit and have lower out-of-pocket costs. Plus, you'll be 100% happy with your eyecare and eyewear from a VSP doctor or we'll make it right.

Eyewear. Choose the eyewear that's right for you and your budget. From classic styles to the latest designer fashions, you'll find hundreds of options for you and your family.

Choice of Providers. With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider. To find a VSP doctor, visit **vsp.com** or call **800.877.7195**.

Enroll today. You'll be glad you did.

Once your plan is effective, register at **vsp.com** to view a complete description of your benefits. To use your vision coverage, simply tell your eyecare provider that you have VSP. No ID card is necessary.

The State of California and VSP provide you with an affordable eyecare plan. Sign up for VSP today.

Important Dates

Open Enrollment ...September 13 – October 8, 2010 VSP Coverage Effective......January 1, 2011

Your Coverage with a VSP Doctor

WellVision Exam[®] focuses on your eye health and overall wellness

• \$10 copay..... every calendar year

Prescription Glasses

\$25 copay

Lenses..... every calendar year

 Single vision, lined bifocal, and lined trifocal lenses and tints, including photochromic lenses

Frame..... every calendar year

• \$ 75 allowance for a wide selection of frames

~OR~

Contact Lens Care

• No copay every calendar year \$110 allowance for contacts and the contact lens exam (fitting and evaluation).

Current soft contact lens wearers may qualify for a special program that includes a contact lens exam and initial supply of replacement lenses.

Extra Discounts and Savings

Contacts

• 15% off contact lens exam (fitting and evaluation)

Laser Vision Correction

 Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

Your Contribution

Member Only	\$7.53
Member + One	
Member + Family	

Your Coverage with Other Providers

If you see a provider other than a VSP doctor, your coverage is listed below. You have 6 months to submit a claim to VSP for reimbursement. Visit vsp.com for details.

Exam	Up to \$35
Single vision lenses	Up to \$25
Lined bifocal lenses	Up to \$40
Lined trifocal lenses	Up to \$50
Tints	Up to \$5
Frame	Up to \$40
Contacts	

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

DEPARTMENT OF PERSONNEL ADMINISTRATION

BENEFITS DIVISION 1515 "S" STREET, NORTH BUILDING, SUITE 400 SACRAMENTO, CA 95811-7258



September 2010

Dear State Retiree/Annuitant:

As a State of California retiree and/or annuitant, you are eligible to enroll in the State Retiree Vision Program, which is being offered through VSP. The Retiree Vision Program provides vision care coverage for you and your eligible dependents. Dependent children may be covered up to age 26.

When can I enroll?

The enrollment period is September 13th through October 8th, 2010. If you enroll, your election is effective January 1, 2011 through December 31, 2011 (12 months). If you don't enroll by October 8th, 2010, your next opportunity to enroll will be during the fall 2011 with a January 2012 effective date.

How can I enroll?

You have three convenient options:

- 1. Visit VSP at www.vsp.com/go/stateofca and complete the online enrollment form; or,
- 2. Call VSP at 1.800.877.7195 and speak with a Member Services Representative; or,
- 3. Complete and mail the enclosed VSP Enrollment Form.

How do I pay for the vision benefit?

The cost will be deducted directly from your State retirement warrant. If you do not have enough in your warrant to cover the cost, you will be billed directly by VSP. See the front page of this booklet for the monthly cost of the benefit.

After I enroll, how do I use my vision benefit?

Using your vision benefit is easy:

- 1. Find a VSP network doctor at vsp.com or call VSP Member Services at 1.800.877.7195;
- 2. Make an appointment and tell the doctor you are a VSP member;
- 3. Your doctor will handle the rest!

For more information about VSP, please refer to the enclosed materials or visit vsp.com. If you have questions regarding this information you may call VSP at 1.800.877.7195.

Sincerely,

Greg Beatty, Chief Benefits Division

Enclosure